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Bib Data Sheet

CONFIRMATION NO. 8992

<b>SERIAL NUMBER</b> 09/929,243	<b>FILING DATE</b> 08/13/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 003.0220.01
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**APPLICANTS**  
Gust H. Bardy, Seattle, WA;

**\*\* CONTINUING DATA \*\*\*\*\*** *JO*  
THIS APPLICATION IS A CON OF 09/686,713 10/10/2000 PAT 6,277,072  
WHICH IS A DIV OF 09/361,332 07/26/1999 PAT 6,221,011

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *JO*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 08/27/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Flavien Dwyer</i> <i>JO</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 4
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**TITLE**  
System and method for patient monitoring using a reference baseline for use in automated patient care

<b>FILING FEE RECEIVED</b> 728	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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